UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS F

REPORT DOCU

AD-A237 782

READ INSTRUCTIONS
FORE COMPLETING FORM

ENT'S CATALOG NUMBER

(2)

1. REPORT NUMBER
AFIT/CI/NR 88- 12

4. TITLE (and Subtitle)
DEVELOPMENT OF A MODEL COMPETENCY-BASED ORIENTATION PROGRAM

5. TYPE OF REPORT & PERIOD COVERED
MS THESIS

6. PERFORMING ORG. REPORT NUMBER

7. AUTHOR(s)
MARCI J. BOSWELL

8. CONTRACT OR GRANT NUMBER(s)

9. PERFORMING ORGANIZATION NAME AND ADDRESS
AFIT STUDENT AT: UNIVERSITY OF MARYLAND

10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS

11. CONTROLLING OFFICE NAME AND ADDRESS

12. REPORT DATE
1988

13. NUMBER OF PAGES
79

14. MONITORING AGENCY NAME & ADDRESS(if different from Controlling Office)
AFIT/NR
Wright-Patterson AFB OH 45433-6583

15. SECURITY CLASS. (of this report)
UNCLASSIFIED

15a. DECLASSIFICATION/DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)
DISTRIBUTED UNLIMITED: APPROVED FOR PUBLIC RELEASE

DTIC
ELECTE
JUL 11 1991
S C D

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Re
SAME AS REPORT

18. SUPPLEMENTARY NOTES
Approved for Public Release: IAW AFR 190-1
LYNN E. WOLAVER Lynn Wolaver 12 July 88
Dean for Research and Professional Development
Air Force Institute of Technology
Wright-Patterson AFB OH 45433-6583

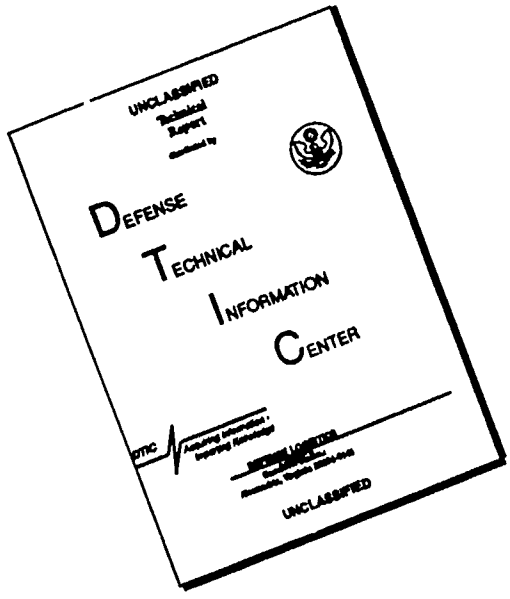
19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)
ATTACHED

DD FORM 1 JAN 73 1473 EDITION OF 1 NOV 65 IS OBSOLETE

UNCLASSIFIED
SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

DISCLAIMER NOTICE



THIS DOCUMENT IS BEST QUALITY AVAILABLE. THE COPY FURNISHED TO DTIC CONTAINED A SIGNIFICANT NUMBER OF PAGES WHICH DO NOT REPRODUCE LEGIBLY.

ABSTRACT

The orientation of graduate baccalaureate nursing students is a challenging and exciting task for the U.S. Air Force (USAF) staff development educator. In addition, the staff development educator must also orient nurses that may already be experienced in nursing and just new to the military, as well as nurses that are experienced nurses and military officers. The staff development educator must design a cost and learning effective and efficient program to meet the varied needs of those nurses, the USAF, and the client population being served. Four concepts were identified as comprising the core of an orientation program -- adult learning, motivation, needs assessment, and evaluation. Based on a literature review of each concept and of orientation, the competency-based orientation model utilizing a skills checklist was found to be the most effective and efficient model for use in USAF medical facilities.

Development of a Model Competency-Based Orientation Program

by

Marci S. Boswell

Running Head: DEVELOPMENT OF A MODEL COMPETENCY-BASED ORIENTATION PROGRAM

Seminar Paper Submitted to the Faculty of the Graduate School of the University of Maryland in partial fulfillment of the requirements for the degree of Master of Science.

May 1988

APPROVAL SHEET

Title of Seminar Paper: Development of a Model Competency-Based Orientation Program

Name of Candidate: Marci S. Boswell, RN, BSN
Master of Science 1988

Seminar Paper Approved By: Barbara E. Hanley

Barbara E. Hanley, RN, PhD
Assistant Professor
Department of Nursing
Education, Administration
and Health Policy

Rita Braun, RN, MSN
Assistant Professor
Department of Nursing
Education, Administration
and Health Policy

Date Approved: April 29, 1988

TABLE OF CONTENTS

CHAPTER 1

Introduction

The responsibility for providing orientation programs for nursing personnel rests on staff development educators. During these times of cost containment, staff development departments are tasked to develop orientation programs that are relatively inexpensive, cost effective, and productive (del Bueno, Barker, & Christmyer, 1981; Hefferin, 1987; Rottet & Cervero, 1986; Rufo, 1985). Producing orientation programs that meet the mandated fiscal constraints and still provide the maximum benefit to the individual, as well as the employing agency, is an exciting challenge for the staff development educator.

Compounding the challenge, is the disparity that exists between generic nursing education and nursing practice. In the past, the focus of hospital based diploma programs was on teaching clinical skills. Their graduates were easily assimilated into the institution because they were immediately able to assume the responsibilities of a staff nurse.

However, the total number of diploma schools has been decreasing steadily since 1981 and the number of baccalaureate programs has increased. This seems to be

in response to both changing hospital economies and the American Nurse's Association (ANA) proposal for the baccalureate degree in nursing as entry level for professional practice (ANA, 1983). This represents a major shift from the hospital to the collegiate setting.

The shift to an academic setting at both the technical (associate degree) and professional (baccalaureate) levels has resulted in nursing education becoming more theoretical with less emphasis placed on the acquisition of skills (Munro, 1983). The explosion of knowledge in health care delivery is the impetus for the change in nursing care today. The theoretical basis for nursing practice has had to expand to meet the needs of advancing technology. Nursing schools are therefore required to prepare graduates with a strong theoretical base to meet the challenges of a highly technical, cost constrained institutional environment with acutely ill people. Further compounding the situation is that block generic nursing programs have only two years to teach nursing science. Therefore, it stands to reason that something must be sacrificed and this has usually been clinical experience. As a result, "graduates of college-based nursing programs are often perceived (and perceive themselves) as being unprepared for the real work of nursing" (Schempp & Rompre, 1986, p. 151).

Further, nursing administrators are complaining about the discrepancy between the expectations and abilities of the new graduates (Schroeder, Carter, & Kurth, 1981; Spicer, 1979).

In essence, neophyte nurses are caught in the middle of the debate between service and education, and frequently they feel responsible for their lack of preparation (Benner & Benner, 1979). It is important to recognize there is a problem and it can create difficulties for the nurse in transition from the student to a professional role. This "reality shock" is detrimental not only to the new graduate, but also to the employing agency, the nursing profession, and to the quality of patient care (Schempp & Rompre, 1986).

The orientation of new graduates places special demands on a staff development department because it is now tasked to provide a fiscally sound orientation program that is cost-effective and productive, while meeting the special needs of the new graduates. Complicating the problem, constrained staff development budgets make it more difficult for educators to provide and justify lengthy orientation programs.

U.S. Air Force (USAF) educators are plagued by the same obstacles, especially the budgetary constraints.

The USAF has essentially resolved the entry to practice issue by only recruiting BSN graduates, with few exceptions. With USAF staff development, however, there are several other unique dilemmas to be considered. These include the size of the facility, mobility of personnel, and the concept of officership.

The first two, size of the facility and mobility of personnel, are closely related. The USAF has hospitals ranging in size from 15 to 1,000 beds, as well as clinics that may have only three beds. Additionally, nurses are transferred every two to four years. Therefore, at any one time there will be more nursing personnel in-processing at a larger facility than at a smaller facility. These new personnel may be new graduates or experienced nurses entering the military. The educator's role is to orient both neophyte, as well as experienced nurses -- groups with very different needs.

Typically, at a smaller facility, orientation is not as structured or planned as it is at a larger facility. In fact, it may occur as on-the-job-training with the nurse being utilized as a staff member. Depending on staffing, this may also occur in the larger facilities, to some extent, if the staff development educator is not watchful.

The third factor, officership, is an important component in the orientation of new military nurses, whether experienced or neophytes. This concept is usually very difficult for civilians to comprehend and generally produces some very strong debates.

New recruits to the USAF Nurse Corps (USAF NC) are indoctrinated into the service by attending a three week course called Medical Indoctrination of Medical Service Officers (MIMSO). At MIMSO, these new officers are taught, among other things, that they are officers first and nurses second. This is a difficult concept for care-oriented new professionals to grasp and ordinarily heated discussions begin. After three weeks at MIMSO, these new military nurses go to their assigned bases and take up the debate with the staff development educator.

A new graduate is now faced with two major role transitions: from student to professional, and from civilian to military. The experienced nurse only has to deal with this new way of life. In either instance, the individual may experience role confusion. Coon (1977) says that role confusion occurs when the individual fails to integrate all roles into a unified self. The failure to develop an identity leads to role confusion

and the person is unsure about "who he is and where he he is going" (p. 386).

As discussed earlier, this may not only be detrimental for the nurse, but also for the facility, as well as the USAF NC. Successful negotiation of this role transition is integral to the development of a productive, goal directed nurse officer.

When devising an orientation program for nursing personnel, the USAF nurse educator must remain cognizant of all the potential problems that might be encountered with new personnel, and try to incorporate them into the program. Furthermore, the educator must also ensure that any program developed meets the Joint Commission on Accreditation of Hospitals (JCAH) standards.

Purpose

The purpose of this seminar paper is to outline an orientation program that would meet the clinical learning needs of new professional nursing personnel, while also addressing the specific needs of a USAF health care facility within tight budgetary constraints.

In order to develop a successful program there are several concepts that must be understood and considered by the staff development educator. The concepts,

motivation, adult learning, needs assessment, and evaluation, are not exclusive to orientation, but are applicable to any staff development endeavor.

Following a discussion of each of the concepts, there will be a comprehensive review of the literature that is relevant to orientation programs. Subsequently, the findings from the literature will be applied to the development of a program that can be used in USAF medical facilities. Finally, the literature will be reviewed and discussed in terms of implications for nursing practice.

CHAPTER 2

The major goal for any staff development educator is to develop a creative orientation program that meets the individual needs of nurses new to an agency. "The ideal orientation must address the individual's specific learning needs relative to expectations on the assigned nursing unit" (Burk, Gillman, & Ose, 1984a, p. 199). The learning activities planned should utilize several different modes of learning in order to broaden the learning potential of the students involved (Burk et al., 1984b; O'Connor, 1986). Additionally, a staff development educator has the primary responsibility for providing programs that will: (a) enable all nurses, regardless of experience to perform the jobs required of them and (b) enhance their competencies to keep up with new knowledge and emerging technologies, consequently contributing to overall improvement of patient care within the institution (Hefferin, 1987).

Successful orientation programs are based on four essential concepts: adult learning, motivation, needs assessment, and evaluation. Each of these concepts will be examined separately in this chapter and then applied to staff development.

ADULT LEARNING

The concept of adult learning is considered to be "the foundation upon which staff development and orientation programs are built" (Paulk, Hill, & Robinson, 1985, p. 168). The notion that adults learn differently from children was recognized between World War I and World War II and has only recently been applied to the classroom (Morrow, 1984; O'Connor, 1986; Tobin, Wise, & Hull, 1979). Before discussing learning theory, it is necessary to define learning, adult, and adult learner.

Learning

McLagan (1978) defined learning as

> a change in knowledge, behavior, attitudes/values/priorities or creativity that can result when learners interact with information. It occurs to the extent that learners are motivated to change, and is applied in the real world to the extent that they take successful steps to integrate that learning into the real world situation (p. 1).

Learning has also been defined by Tobin et al. (1979) as the process

> whereby a change in knowledge, skills or attitude results, with the anticipated end

result providing the learner with a greater competency to deal with situations (p. 84).

Many other ways to define learning are found in the literature (Knowles, 1970; Knowles, 1978; O'Connor, 1986). However, among most definitions several commonalities exist. Most definitions discuss learning as change, as in skills, attitudes, or knowledge. Another common thread is that of the learner applying the new skill, attitude, or knowledge to real life situations, therefore, that learning is reality based.

For the purpose of this paper, learning will be defined as a change in behavior, attitude, skill or knowledge. This change results in a greater competency level and is applicable to real life situations.

Adult

The American Heritage Dictionary (1981) defines an adult as " one who attained maturity or legal age" (p. 18). Knowles (1970) defines an adult as one who perceives himself as self-directing. Most learning theorists regard Knowles' definition as being more accurate and useful because it encompasses the psychological domain (Morrow, 1984). This definition will be used throughout this paper.

Adult Learner

Several characteristics have been identified that distinguish adult learners from children-- self-concept, past experiences, readiness to learn, immediacy of application, problem-centered, and physiological states.

Self Concept. The first characteristic asserts that by virtue of an independent self-concept, adults are self-directed. Adults prefer to rely on their own knowledge and values and resent being forced into a learning situation that requires them to be dependent. They are extremely resistant if they are not allowed to determine the direction of their learning and use their own judgment (Knowles, 1978; Morrow, 1984; Tobin et al., 1979).

Past Experience. Second is the broad experience base adults possess because of the many past life experiences one has as a resource to utilize to solve new problems. Adults are therefore able to relate new information to their life experiences. Additionally, adults can learn from others by sharing insights from past experiences (Knowles, 1978; Morrow, 1984; O'Connor, 1986; Tobin et al., 1979).

Readiness. The third characteristic is readiness to learn. Knowles (1978) states

> as an individual matures, his readiness to learn is decreasingly the product of his biological development and academic pressure and is increasingly the product of developmental tasks required for the performance of his evolving social roles... learners are ready to learn those things they 'need' to because of the developmental phases they are approaching in their roles (p. 57).

This means that adults learn because of the requirements of their roles, i.e., wife, mother, nurse, student.

Immediacy. Adults require immediate application for optimal learning to occur; further, they expect that learning will be immediately applicable. The sooner the material can be applied the greater the stimulus is to learn. They are interested in applying what is learned today tomorrow (Knowles, 1979; Morrow, 1984; O'Connor, 1986).

Problem-Centered. Fifth, adult learning is problem-centered, rather than subject-centered as is the case for children. As adults focus on particular problems they want to resolve, their learning is enhanced when the material presented can assist them in solving a current problem (Knowles, 1979; O'Connor, 1986).

Physiologic Changes. Lastly, the changing physiological state impacts on learning. Due to age, we encounter emotional, mental, and biological changes. These changes may facilitate learning or inhibit learning (Morrow, 1984).

Based on the definitions provided and the characteristics discussed, the adult learner can be defined as a

> self-directed, practical, problem-solving individual who relies on past experiences to aid learning and who seeks immediate application of learning (Morrow, 1984, p. 129)

Factors Affecting Adult Learning

Morrow (1984) identified five factors that affect adult learning. She states that these factors "help to determine the adult's readiness to absorb and synthesize new information and dictate the motivation for doing so" (p. 129). The five factors are:

1. Self-concept: When faced with a student role most adults feel they are unable to cope because they do not see themselves as learners. Nurses, however, seem to be more comfortable with the learner role, probably due to professional requirements.

2. Environment: The environment, both physical and psychological, should be as comfortable as

possible to enhance learning. An open, nonauthoritarian climate will stimulate participation, creativity, and intiative. Further, for maximum learning to occur, adults need to feel secure and competent.

3. Age: A common myth in our society is that learning abilities decline with age. In fact, brain cells continue to be functional until senility occurs.

4. Motivation: In order for optimal learning to occur, motivation is a prerequisite. Adults learn best when they see a relationship between their needs and what is being learned.

5. Education and learning style: Adults tend to pursue educational activities that utilize preferred learning styles.

Conditions that stimulate and foster adult learning were identified by O'Connor (1986) and Tobin et al. (1979) and outlined as follows:

1. Adults must feel the need to learn.

2. Adults must adopt learning goals as their own.

3. Adults should be actively involved in the planning and implementing of a learning activity.

4. Adults seek situations where the learning is directly applicable to their experiences and that utilize their expertise.

5. Adults must feel a sense of progress toward attaining their goals.

6. Adults learn best in informal settings.

Theoretical Domain

One final area of importance when discussing adult learning is the theoretical domain. There are a vast number of learning theories that could be discussed; however, only a few will be reviewed in this paper. A review of the major learning theories is felt to be necessary in order to consider the application of various teaching strategies (Tobin et al., 1979).

Most of the adult learning theories have come primarily from the field of clinical psychology. Rogers (1951) believes that the teacher is a facilitator and that the learner controls the process -- a learner-centered teaching model. McCluskey (1970) has proposed that the readiness and capacity to learn are dependent on three factors -- margin, power, and load. This concept is expressed by the formula

$$\frac{\text{Power}}{\text{Load}} = \text{MARGIN}$$

Essentially, margin is the potential to learn and represents resources that are available to cope. Power consists of things like energy, time and money; these

are internal and external resources that are available to the individual. Load comprises both the internal and external demands placed on the learner. Therefore, if power is greater than load, learning will be fostered. Consequently, however, if load is greater than power, learning will be inhibited.

Finally, Houle (1961) identified three general types of learners based on their orientation by goal, activity, and learning. The three types of learners can be described as motivated to attain goals, to be involved because of the activity, or to gain knowledge.

A new theory of learning, the whole brain theory, has been postulated by Herrmann (1981). In this model the brain is described as four quadrants, the cerebral left and right and the limbic left and right. There are specific functions associated with and influenced by each quadrant (Burk et al., 1984a; Herrmann 1981). Table 1 briefly outlines the functions of each quadrant.

Herrmann (1981) suggests that each individual has a dominant brain profile. He has proposed that the dominant quadrant(s) will attempt to interpret the information or experience first, but the individual is not limited to using only the dominant quadrant(s). Moreover, people can learn to use their less dominant

quadrants. Each individual has a different degree of dominance, "therefore, each individual's way of thinking and perceiving the world is at least a little different, sometimes very different, from anyone else's"(Burk et al., 1984a).

Table 1. Brain Quadrant Functions

Cerebral Left	Cerebral Right
-processes logically and analytically -recognizes technical and mathematical details -solves concrete, immediate problems -seeks facts and details	-recognizes spatial arrangements -recognizes pictures and images -synthesizes pieces to see the whole -relies on intuition -solves abstract, future-oriented problems
Limbic Left	**Limbic Right**
-deals with what we should do as opposed to what we want to do -responds to rules and authority figures -uses administrative and conservative guidelines to monitor behavior -functions in a controlling, planning and organizing mode	-understands meaning of interpersonal relationships -understands and accepts emotions -comprehends meaning of music -spiritual beliefs given meaning

(Burk et al., 1984a)

While the degree of dominance is unique to each individual, it is also dynamic and changes as the

individual gains experience. This suggests that the brain profile is developed as a result of nature, as well as nurture (Herrmann, 1982). Furthermore, this model contends that some individuals use all four quadrants, their whole brain, with ease. These individuals do not rely on their preferred dominance as the criteria for how to respond or process the information, rather they e the situation (Herrmann, 1981).

Regardless of the theory used, educators of adults should be knowledgeable of adult learning principles and theory. "Knowing the learner gives direction to the educator's role" (Tob.n et al., 1979, p. 85).

MOTIVATION

The theory of adult learning is built largely upon the adult's motivation. The adult learner is said to be successful at learning when he/she is motivated. Definitions and theories from psychology, sociology, education, and nursing will be presented.

Beginning with the field of psychology, Freud (1938) described motivation using the concept of psychic energy, which is housed in the id. The id is considered to be the primary source of motivation and its function is to decrease tension from unsatisfied physiological

needs. Psychic energy builds when a need exists, and the need is satisfied by channeling energy into behavior to reduce the need.

Atkinson (1958) referred to motivation as the arousal of a tendency to act or produce one or more effects. The term motivation, in his definition, refers to a final strength of the action tendency which is experienced by the person as an "I want".

Maslow (1955), in his heirarchy of needs, defined motivation as constant, never ending, fluctuating, complex, and a universal characteristic of almost every living organism. His intrinsic theory of motivation centers around five levels of motivators and the individual is constantly striving to attain his/her full potential. The motivators are rank ordered, with the first one being the most basic need and the last one being the level we are always trying to attain. The five motivators are:

1. Physiological
2. Safety
3. Affiliation
4. Esteem
5. Self-actualization

The self-actualized person is motivated by growth to become the best person he can be (Maslow, 1955). Therefore, the goal of learning can be classified as self-actualization (Tobin et al., 1979).

McGregor (1960) proposed a theory of motivation based on external factors. His theory makes assumptions about human nature and behavior, and categorizes people into one of two classes, Theory X or Theory Y.

Theory X assumes that the average person is lazy, inherently dislikes work and avoids it if at all possible, must be coerced, controlled or threatened in order to meet organizational goals or objectives. This person believes that individuals prefer to be directed and also prefer to avoid responsibility (Bille, 1978; Knowles, 1978; McGregor, 1960).

In contrast, Theory Y is a more people oriented approach. Theory Y assumes that , in general, people are good, cooperative, committed, responsible, imaginative, reasonable and self-directed (Bille, 1978; Knowles, 1978; McGregor, 1960).

Hunt (1965), a sociologist, defined motivation as being an intrinsic quality. His theory states that we are motivated in a task because the behavior itself is rewarding. Intrinsic motivation generates behaviors

that cause a person to feel competent and self-determining.

From the education field, Tolman (1967) viewed the individual holistically. He states that an individual works to obtain a goal and his/her behavior is purposive.

Finally, nursing theorists tend to define motivation in terms of the individual's interest to learn. Motivation is stimulated and learning facilitated when an individual sees the relationship between what is to be learned and their personal needs (Mitchell & Loustau, 1981).

Matheny, Nolan, Hagan, & Griffin (1972) state that motivation is an important aspect of learning. The individual needs the opportunity to explore and discover the importance of the need to know.

Motivation is a multifaceted concept. Past experience and behavior, present psychologic and physiologic needs, and goals for the future impact on an individual's level of motivation. Intellectual ability and emotional stability are also important facets to motivation (Leddy & Pepper, 1985).

NEEDS ASSESSMENT

Needs

Mager and Pipe (1970) define a need as a discrepancy between what is and what is desired or required. Pennington (1980) defines a need as a gap between a set of circumstances that exist and some desired or changed set. These definitions imply that a current level of performance or knowledge can be identified and compared to the preferred or required level (O'Connor, 1986).

Learning Need

A learning need is the "gap between where you are now and where you want to be in regard to a particular set of competencies" (Knowles, 1978, p. 199). The competencies can be desired by the individual, an organization, or society. The gap may be created by lack of education, inability to keep up with technology, or lack of continued practice with skills learned earlier in life (Dolphin & Holtzclaw, 1983).

Tobin et al. (1979) define a learning need as the "discrepancy between what employees know and can do and what they need to learn to carry out expectations or to prepare for additional responsibility" (p. 99). This definition refers, again, to discrepancies that need to be addressed so the employee can function within the environment.

Needs Assessment

Needs assessment can be defined as the accurate identification of learning needs, or the gap between what the individual knows and what further knowledge is needed. In staff development, needs assessment can be described as the initial step in the planning process to determine the direction a program should take (O'Connor, 1986; Puetz, 1987).

Value. Needs assessments are beneficial to both the staff development educator, as well as the learner. The benefits for the staff development include:

1) planning offerings on days and times participants indicated as optimal;

2) having a ready made audience at a planned offering that meet the needs identified by participants;

3) marketing the program is simplified because there is a target audience;

4) one assessment may yield several programs;

5) greater satisfaction is felt by participants; and

6) the educational value of the program is enhanced (Austin, 1981).

The benefits experienced by the participant are usually more personal in nature. They are:

1) participants can attend offerings designed for their needs;

2) learning is more useful and meaningful;

3) money available for continuing education can be spent on offerings which are known to meet specific needs;

4) offerings are planned when a majority of personnel can attend; and

5) offerings can begin at the level of the participant's need, and not above or below them (Austin, 1981).

Purpose. Morrow (1984) states that the purpose of a needs assessment is to " determine the type and level of specific educational requirements needed to fill the gap" (p. 119). Therefore, a complete and accurate assessment is essential if the process is to be practical and effective. Learning areas to consider when doing a needs assessment include affective, discriminative, pyschomotor, cognitive, and recall skills (Bille, 1982; Morrow, 1984).

Sources of Data. Knowles (1978) has identified three sources of information when assessing learning needs: the individual, the organization, and society. Societal needs penetrate and influence the other two

sources and are viewed as a surrounding force in Knowles' framework for the identification of learning needs (Tobin et al., 1979).

The specific health care needs of the population being served form the basis for identifying learning needs for the individual and the organization. Maintaining the focus on the health care needs of the clientele being served in a specific setting assists in assessing real learning needs versus the needs that are useful or interesting but not necessary (Knowles, 1978; Puetz, 1987; Tobin et al., 1978).

Individual learning needs will vary widely between people based on level of education, experience, goals, requirements for licensure, and abilities. The personal goals and needs of the individual should be considered along with organizational goals for optimal learning to occur. Disregard for personal goals may decrease the motivation level of the employee (Knowles, 1978; Tobin et al., 1979).

However, as institution employees, nurses must learn the organization's mission, objectives, and needs. These are usually incorporated in the goals and policies of the organization (Knowles, 1978; Tobin et al., 1979).

The final source of data for needs assessment is society. "Society often identifies learning needs for health care professionals...changed societal conditions impose learning demands on the professionals who care for the victims" (Puetz, 1987, p. 26). Health care providers have certain expectations placed upon them by society and these expectations should be reflected in their education (Knowles, 1978; Puetz, 1987).

The combination of organizational needs and individual needs serve as the foundation for mutual goal setting and determination of priorities. When mutual goal setting occurs, three outcomes are expected: (a) cost effectiveness, cost benefit and containment for the organization; (b) optimum health care for clients; and (c) perception of autonomy and competency in practice for the individual nurse (Tobin et al., 1979).

Considerations. Three considerations in needs assessment have been identified by O'Connor (1986). The first consideration is the method chosen to assess educational needs. She maintains that several methods should be utilized to gain the most information and to discover all needs related to a topic. Identification of learning needs can be accomplished through

observation, interview, questionnaire, record audit, trend analysis, job descriptions, incident reports, skills checklists, tests, suggestion boxes, and advisory committees (Austin, 1981; Morrow, 1984; O'Connor, 1986; Tobin et al., 1979).

Second, sufficient time must be planned and allowed for in order to gather and analyze the data, and confirm the results. However, the program should be scheduled as soon as feasible to ensure its relevance (O'Connor, 1986).

The third consideration is content. A pretest administered before the program can reveal whether the participants have the knowledge necessary for the course content, or if a review of the basics is needed (O'Connor, 1986).

Models. The final area of discussion on needs assessment will cover models that can be used to guide the process of assessing needs. There will be four models presented: individual self-fulfillment, individual appraisal, discrepancy, and democratic.

Individual self-fulfillment models constitute needs assessments that survey a population to identify subjects of interest to attract people to attend programs. The methods of data collection used are questionnaires,

telephone interviews, suggestion boxes, or a combination of these techniques (Puetz, 1987).

The individual appraisal model requires that learners identify their own learning needs, by choosing an appropriate assessment technique (Puetz, 1987).

The discrepancy model, most frequently utilized, includes determination of a desired performance standard, measurement of the individual's performance against the standard, and development of a program to bridge the gap between the desired and the actual performance. This type of needs assessment requires that a standard exists and is clearly articulated, as well as being measurable (O'Connor, 1986).

The fourth and final model is the democratic model which basically uses group process to determine learning needs (O'Connor,1986; Puetz, 1985; Puetz, 1987; Tobin et al., 1979). There are several types within this category, for example, Nominal Group Process and the Delphi Technique.

A thorough and accurate needs assessment, although time consuming, is an essential component of a staff development program. Needs assessment provides the necessary information to ensure successful program planning that meets the needs of the individual and the agency.

EVALUATION

Evaluation has recently become an area of increasing concern in all areas of nursing practice. Nurses can no longer provide services without demonstrating that clients are benefiting from the services. Staff development programs must also be evaluated to determine effectiveness and value. The information obtained from an evaluation on how well predetermined goals were achieved can be useful in deciding about future programs setting priorities, and determining the direction of programming. Not only does evaluation use facts to provide direction to planned changes, it also benefits employees in terms of professional and personal growth (Bille, 1982; Puetz, 1985; Puetz, 1987; Tobin et al., 1979).

Evaluation is the process of determining something's value or worth; it necessarily involves a value judgment (Conley, 1973; Tobin et al., 1979). Applied to staff development, evaluation helps to determine the value of programs, effectiveness of teaching, and the overall value to the patient, the learner and the staff development educator (Austin, 1981; Tobin et al., 1979). Following a program, evaluation attempts to discover whether participants

learning needs were met , if the program objectives were achieved, and if the problem that precipitated the process has been resolved (O'Connor, 1986; Sohn, 1987).

Evaluation can also be defined, more concretely, as a systematic approach to establishing the value of something in terms of predetermined standards. The systematic approach requires that the collection, organization, analysis and reporting of data be accomplished prior to action being taken. The data must be compared to the predetermined standard(s) (Huntsman, 1987; Lunde & Durbin-Lafferty, 1986; Tobin et al., 1979). The standards may be derived from job descriptions, organizational goals, objectives and/or policies, professional organizations, or an accrediting body (O'Connor, 1986; Puetz & Peters, 1981).

Limitations. Four limitations in evaluating learning were cited by Bille (1982). These limitations are: 1) difficulty in proving what caused a change in behavior, as other factors affect the learning process, i.e., environment and time; 2) some behavior changes are not measurable or are difficult to accurately evaluate, i.e., values, attitudes and affect; 3) the amount of time required to develop a good evaluation tool, collect the data, study the results obtained and then use the

information in practice is usually much greater than the educator has available; and 4) voluntary participation in programs usually limits the type of evaluatiuon done to happiness or satisfaction indexes.

Purpose. There are many reasons an evaluation is accomplished. The most common are to:

-fulfill accreditation requirements,

-account for funds,

-reply to requests for information,

-make decisions, and

-assist in developing programs (Puetz, 1985).

Evaluation is an integral aspect of accountability for both the agency and the individual. It is utilized by staff development educators to determine if the orientation program is effectively achieving cost effective and efficient patient care. Therefore, evaluations demonstrate whether the program effectively and efficiently meets the needs it was designed to meet (Lunde & Durbin-Lafferty, 1986; Sohn, 1987; Tobin et al., 1979).

> The planning process begins with an assessment of the learner's needs to find out where to go; evaluation allows the staff to find out if the nurse got there (Puetz & Peters, 1981, p. 203).

The data obtained from an evaluation either reaffirms the current situation or addresses the need to redirect efforts and activities (Tobin et al., 1979).

Principles. Before discussing other aspects of evaluation, general principles will be briefly reviewed. Tobin et al. (1979) identified general principles of evaluation, as outlined below:

1) Decisions about evaluation are an integral part of the planning phase of any learning program.

2) Evaluation is stated in terms of performance behaviors.

3) Evaluation criteria are clearly articulated and define the parameters of behavior.

4) Evaluation statements specify the conditions under which the evaluation will occur.

5) The scope of the evaluation process is predetermined.

6) The evaluation process is shared with all those individuals involved.

7) Feedback reinforces positive behaviors and redirects negative behaviors.

8) Negative feedback is better than no feedback at all.

Types. Three types of evaluation have been described. The first, diagnostic, uses information about the learner's ability to decide what is needed for learning to occur (Austin, 1981).

The second type is formative evaluation, which is an ongoing process that occurs during the planning and implementation phases and both the learner and the program are evaluated (Austin, 1981). This type of evaluation is concerned with the ongoing, day-to-day efforts of a program. Essentially, formative evaluations assist staff development educators in making decisions about program planning and operations. Formative evaluation gives direction for change or reinforces what is happening presently because it supplies frequent feedback as the program occurs. Formative evaluation provides more benefit to those involved with developing programs, therefore staff development educators are usually actively involved in this process (Austin, 1981; Puetz, 1985; Tobin et al., 1979). There are several purposes for formative evaluations. These include:

1) diagnosis of the learner points out the degree of achievement;

2) feedback to the learner and the instructor is provided regarding the mastery level of various various objectives and information about what still needs to be learned;

3) the student can pace herself and the objectives can also serve as a motivator;

4) positive reinforcement of learning occurs and satisfactory progress is assured;

5) initial assessment can be done before instruction occurs; and

6) outcomes can be predicted (Huckabay, 1980).

The last type of evaluation is called summative. This type analyzes the final accomplishments of the learner. The purpose of summative evaluation is to judge the overall effectiveness of a program. Summative evaluation occurs at the end of a program and can be useful in the budgetary process when attempting to substantiate benefits received from staff development endeavors. The evaluator for this type of evaluation should be someone who is independent of the program being evaluated. The primary function of the summative evaluation is to make judgments about the progression of the program and the final outcome (Austin, 1981; Huckabay, 1980; Puetz, 1985; Tobin et al., 1979).

Before the evaluation process begins the following must be considered: who, what, when, where, how, and why. The type and method of evaluation chosen will depend on the above factors (Bille, 1982; Puetz, 1985).

There are three fundamental components to be evaluated: the environment, the learners, and the learning. When evaluating the environment, the major quest is to identify learning experiences and educational environments that stimulate the learners and produce significant changes in the learners. The focus when evaluating the learners is on the differences between the learners. The behavior(s) being evaluated must be explicitly stated. In order to measure what the learners have learned, changes in behavior(s) are measured. Finally, evaluation of the learning should be completed. Evaluation of learning focuses on the individual and measures individualized learning against well stated learning objectives (Huckabay, 1980).

Self Evaluation

One type of evaluation that is an extremely valuable tool is self evaluation because "the adult learner needs to accept responsibility for his own learning and the application of that learning to the work setting" (Bille, 1982, p. 123). The individual evaluates

personal behavior and relates it to the expected outcomes.

Self evaluation serves a dual purpose. First, it allows learners to express their perceptions of the situation. Learners must think about the things that have been taught which increases the retention of new knowledge. This type of evaluation tends to result in the adult learner viewing behavior objectively. Secondly, the staff development educator can benefit from its use. Adult learners will focus on what has been found to be useful and applicable to the work setting. Therefore, the information obtained can be used as a needs assessment for future program planning (Bille, 1982; Tobin et al., 1979).

Self evaluation can also be applied to the learning activity. This allows learners to express what they gained from the experience. The staff development educator can utilize this information to determine how effective the offering was for the participants. Once again, the data obtained from the evaluation can be useful in determining the direction for future programming (Bille, 1982; Tobin et al., 1979).

Evaluation of staff development programs is extremely important. Evaluation can identify the

strengths and weaknesses in the staff development educator, the learner and the program. Evaluation also establishes whether the organization's overall goals are being met (Bille, 1982).

> Ideally, evaluation is an ongoing activity that begins at the first identification of the need for an educational program, proceeds throughout the planning and implementing phases, and extends well beyond the length of the program itself. It is a vital part of the ongoing educational endeavor (Kibbee, 1980, p. 25).

STAFF DEVELOPMENT

Today's nursing care delivery systems are permeated with change. The need for continuing education after nursing school is clearly required for nurses to keep up with the fast paced knowledge and technology explosion. Additionally, "with rapid change also comes increased incidence of occupational obsolescence; continuing education is needed for updating and renewal of skills and knowledge" (O'Connor, 1986, p. 10). Multiple factors - social, political and economic - have combined to advocate a national commitment to lifelong

learning. In fact, the interaction of the three factors necessitate lifelong learning so that our society can continue to function and grow (O'Connor, 1986).

The responsibility for continued professional growth and competence ultimately rests with the individual practitioner. However,

> in response to societal demands for professional accountability, nursing's formal organizations, [and our hospitals], have assumed a degree of collective responsibility for the practice of individual nurses, as evidenced by efforts to monitor practice standards, establish a coherent credentialing system, and regulate licensure (O'Connor, 1986, p. 3).

Within the hospital setting, staff development has been recognized as the motivating force behind planned change so nursing personnel can keep up with the rapid pace (O'Connor, 1986; Puetz, 1985).

The American Nurses' Association (ANA) (1984) defines staff development as

> a process consisting of orientation, inservice education, and continuing education for the purpose of promoting the development of

> personnel within any employment setting consistent with the goals and responsibilities the employer (p. 5).

There are three key components identified in this definition: (a) the continued learning activities of the individual nurse are supported by staff development; (b) the goal of this support is to enable the nurse to perform competently in a defined position; and (c) the performance expectations of the agency provide the basis for selecting educational opportunities. This definition implies that staff development is one means by which a nursing department can achieve its goals by providing educational opportunities that promote optimum function of its nursing personnel (O'Connor, 1986).

Tobin et al. (1979) define staff development in terms of being formal or informal learning activities that are related to the employee's role expectations. The learning activities can be from within or outside the agency. Consequently, any effort the nurse makes to improve knowledge, skills, or attitudes can be considered staff development activities.

Puetz & Peters (1981) provide an example of a definition for staff development from Reid Memorial Hospital in Richmond, Indiana. Staff development is

described as a process of informal education that is used to develop an employee to fulfill specific job responsibilities. The process includes the use of various teaching and learning techniques.

The ANA views staff development as encompassing three distinct areas: orientation, inservice education, and continuing education. These will be defined and explored.

Orientation is defined as the process by which "new staff are introduced to the philosophy, goals, policies, procedures, role exr ations, physical facilities, and special services in a specific work se. ng" (ANA, 1984, p. 5). Orientation occurs when a nurse is initially hired, or when a nurse is transferred or promoted to a new position within the institution. Orientation provides training for the new employee on operating procedures particular to the setting, allowing the nurse to use existing knowledge and skills (O'Connor, 1986; Tobin et al., 1979).

Inservice education is continued learning that an agency provides to assist its personnel to acquire, maintain, and/or increase their knowledge skills or attitudes for fulfilling assigned jobs. Inservice education occurs within the agency, and generally

speaking, deals with the "way we do it here" (ANA, 1984; O'Connor, 1986; Tobin et al., 1979).

Bille (1982) identifies the purposes of inservice education: to increase a nurse's competence level in a certain area of practice; to enable the nurse to keep up with the new products, procedures and technologies that have been introduced into the clinical setting; and, to assist the nurse in adapting to changes within an organization and in the needs of the population being served. The maintenance of specific competencies, i.e., cardiopulmonary resuscitation, fire and safety procedures, etc., also fall into the realm of inservice education. Moreover, many inservice experiences just facilitate the use of existing skills or verify their presence (O'Connor, 1986; Tobin et al., 1979).

The last component of staff development is continuing education. Continuing education within staff development uses planned, organized learning experiences to build upon knowledge and skills previously acquired by the nurse. It also provides new knowledge, and skills, investigates new approaches being used in nursing, analyzes and redevelops attitudes, and strengthens competence clinically (ANA, 1984; O'Connor, 1986; Tobin et al., 1979).

Conceptual Framework

It is helpful to utilize a conceptual framework in planning a staff development program. One approach is through the use of nursing theory to guide program development. For the purposes of this paper, Orem's self-care deficit theory will comprise the underlying framework.

The self-care deficit theory is a systems theory with four main concepts. The first concept, self-care, refers to the actions a person takes on his own behalf to maintain health and well-being. Self-care agency is the second concept. This refers to the power a person has to recognize his self-care needs and take actions to met these needs. Thirdly, therapeutic self-care demand refers to all the requirements placed on the persons self-care ability/agency by the illness and therapeutic regimen. Finally, nursing agency, the fourth concept, is the ability to assist other persons to meet their self-care requirements (Caley, Dirksen, Engalla, & Hennrich, 1980; Romine, 1986).

The self-care theory assumes people have the capability to carry out their self-care actions and are motivated to do so. Consequently, Orem's theory recognizes that there is not always a need for nursing. If the self-care agency is equal to or greater than the

therapeutic self-care demand, then a nursing agency is not required. However, a nursing agency is required when the therapeutic self-care demand exceeds the self-care agency (Caley et al., 1980; Romine, 1986). The first step in Orem's nursing process is to define the self-care deficit, that is, why the person needs nursing. Secondly, the nursing agency must develop a system for nursing assistance to supplement the self-care agency until the self-care agency can resume meeting self-care demand without assistance. The final step in the process is that the nursing system should be initiated conducted and controlled Coleman, 1980).

Orem's theory is easily applied to staff development, however first the terms need to be redefined for the educational setting.

1) Self-care can be viewed as that body of knowledge and skills that are demonstrated as actions taken by the nurse to maintain employment and achieve job satisfaction.
2) Self-care agency can be viewed as the nurse carrying out those actions required to maintain employment and achieve job satisfaction.

3) Therapeutic self-care demand can be viewed as those demands for nursing action that are defined by job description and client need.

4) Nursing agency can be viewed as the ability of the staff development educator to assist the nurse in gaining knowledge or skills demanded by job description or client need (Romine, 1986, p. 77).

The focus of the staff development educator should be on those areas of demand for skill and knowledge that exceed the nurse's ability to perform; these needs constitute self-care deficits or learning needs. This is when needs assessment is a valuable tool and this is the initial step of the self-care nursing process, the determination of what assistance is needed and why (Romine, 1986).

The responsibility for self-care rests with the individual. Likewise, when this theory is applied to staff development the individual practitioner is responsible for increasing the knowledge and skills base necessary to meet employment requirements (Romine, 1986).

Just as nursing is not always needed, education is not always needed. After a needs assessment has been completed only deficits should be addressed. If the nurse's abilities meet or exceed the demand, then no educational assistance is required. The staff development educator's responsibility is to assure that the nurse can competently perform job expectations. Again, the underlying assumption is that the nurse is motivated to perform (del Bueno, 1977; Romine, 1986).

Orem's self-care theory is useful in guiding the efforts of staff development educators. The concepts discussed earlier - adult learning, motivation, needs assessment and evaluation - are applied when using the self-care theory. By applying this theory to staff development, learning needs can be assessed and individualized assistance provided to meet identified learning needs. The learner always retains the responsibility to acquire and use knowledge and skills to successfully fulfill job requirements. Moreover, cost effectiveness is achieved by appropriately utilizing manpower and resources where they are actually required (Romine, 1986).

Orientation

Orientation is a key staff development function. Its purpose is to familiarize new employees with policies and procedures that are related to delivering nursing care within a specific setting. Neophyte nurses as well as experienced nurses, require an orientation program when they enter an institution so that they can become contributing members of the health care team as quickly as possible. This implies that individual needs will be recognized. Additionally, the staff development educator strives to design an orientation program that provides new employees the knowledge and skills required for the new position, while at the same time addressing content areas and utilizing teaching-learning startegies that suit each nurse's learning style and needs (O'Connor, 1986; Tobin et al., 1979).

Purpose. The purpose and goals of an orientation program are developed based on, and in accordance with, the philosophy and standards of the organization, the experience level and educational background of the nurses being hired, the availability of instructors that are qualified to teach, and budgetary allocations (Paulk et al., 1985). There are five functions of orientation (Pohutsky, 1979). Orientation:

1) relieves anxiety;

2) assists the orientee to become a functioning member of the health care team quickly;

3) eases the frustration experienced by graduate nurses when they are in transition from the student to professional role;

4) provides for the application of theory to practice; and

5) gives the nurse the opportunity to use unfamiliar equipment and practice procedures.

Standards. In 1965, the ANA mandated that nursing departments were to provide training programs, in addition to opportunities for staff growth (Paulk et al., 1985). Then in 1973 the ANA standards were revised and orientation was specifically addressed in Standard IX.

> Standard IX - The nursing administration provides programs for orientation and continued learning of nursing personnel. Orientation programs are offered to all newly employed personnel with content including but not limited to: 1) philosophy and objectives, 2) personnel policy, 3) job description, 4) work environment, 5) clinical

practice policies and procedures, and 6) operational policies and procedures (p. 6).

The JCAH also began to discuss the need for orientation programs for nursing personnel. The 1986 JCAH manual states

> Standard 12.6 - Nursing department/service personnel are prepared through appropriate education and training programs for the responsibilities in the provision of nursing care (p. 135).

Orientation is specifically addressed in the required characteristics of a nursing department in Standard 12.6.

> 12.6.5 - New nursing department/service personnel receive an orientation of sufficient duration and content to prepare them for their specific duties and responsibilities in the hospital.
>
> 12.6.5.1 - The orientation is based on educational needs identified by assessment of the individual's ability, knowledge, and skills.

> 12.6.5.2 - Any necessary instruction is provided nursing service personnel before they administer direct patient care (p. 136).

Types. There are several different types of orientation cited in the literature, i.e., traditional, competency-based, internships, special orientation units, bicultural training, and graduate nurse programs (Ammon-Gaberson, 1987; Davis, 1987; Farmer, 1986; Hagerty, 1986; Huang & Schoenknecht, 1984; Jones, 1984; Lingemann & Mazza, 1986; O'Neal, 1986; Rottet & Cervero, 1986). For the purposes of this paper, traditional and competency-based orientation programs will be examined.

Traditional orientation programs are considered to be a preplanned, scheduled program that lasts from two to six weeks. This orientation begins with a general orientation for all new employees. The general orientation provides an overview of the mission, philosophy and organizational structure of the agency. Included in this program are sessions to familiarize nurses with services provided within the agency; an introduction to the physical layout, often including a tour; and an explanation of pertinent personnel policies. After the general orientation is completed, the new employee moves

a centralized orientation program that occurs on the assigned unit. The traditional orientation program provides instruction in a structured classroom setting, therefore, it is evident that adult learning principles are not even considered. Individual needs are not considered or addressed (Flewellyn & Gosnell, 1987; O'Connor, 1986).

In contrast, the competency-based model focuses on individual learning needs. This type of orientation program focuses on the skills and knowledge the nurse needs to function at a minimum competency level. Competency-based orientation addresses the nurse's need to know content. Tasks to be mastered are identified using a skills checklist; the skills checklist provides the foundation for competency-based learning (Flewellyn & Gosnell, 1987).

Additionally, competency-based orientation programs assess previous learning and learning styles. Accountability and responsibility are central to competency-based education. The learner must be self-directed or, at least, provide input about learning needs. The staff development educator can not assess learning needs for the individual (del Bueno et al., 1981; Hagerty, 1986).

Major teaching-learning strategies used include self-learning packages, learning contracts, coaching and small group interaction. The orientee can also initiate learning experiences to facilitate learning. With competency-based programs, self-directed learning is relied on within a predetermined set of expectations (Hagerty, 1986; O'Connor, 1986).

Competency-based orientation programs provide the learner with the most flexibility. This type of program allows the learner to set a reasonable pace while meeting organizational goals. Additionally, a competency-based orientation program is cost effective and efficient for the employing agency because it allows the new nurse to be assimilated as an independent practitioner more quickly than allowed by a traditional program (Farmer, 1986).

SUMMARY

This chapter dealt with the concepts essential for successful staff development programs. A review of the literature was presented for each of the concepts: adult learning, motivation, needs assessment, and evaluation. Additionally, staff development and orientation were defined. The ANA and the JCAH

standards were presented to provide a basis for the staff development educator to follow when developing an orientation program.

A model orientation program will be developed in chapter three using Orem's framework. Each of the concepts discussed will also be inherent within the the program developed.

CHAPTER 3

Recognition of the complexity and importance of orienting new personnel is shared by nursing administrators and staff development educators because of the essential role nursing plays in an institution. As discussed in previous chapters, the staff development educator's goal is to develop a creative orientation program that meets individual and agency needs. The integration of a new nurse into the work area has critical implications for the entire agency. The new nurse must be successfully integrated within a reasonable length of time so that the hospital can meet the demands for providing quality patient care (Burk et al., 1984a; Jones, 1984).

Jones (1984) states

> an employee's performance will be more likely to match expectations if they are introduced into a motivating environment which reinforces their positive self image...A work situation which is not motivating may lead to dissatisfaction, poor performance and ultimately increased employee turnover which is costly to the organization (p. 12).

Therefore, an orientation program should be based on

principles that support self-concept, motivation and feedback.

As discussed in chapter one, the USAF staff development educator must meet a variety of learning needs when planning an orientation program. These needs include: attempting to bridge the gap from nursing school to nursing practice with as little difficulty as possible; easing the transition from civilian life to military life for the new graduate and the experienced nurse new to the service; providing an orientation program for the experienced military nurse that is transferred to the medical facility; and providing an orientation program that meets the needs of the facility (size, location, and mission). Additionally, the staff development educator must keep adult learning principles, motivation theory, needs assessment principles, and the concept of evaluation in mind when devising a program.

This chapter will discuss a type of orientation program utilizing Orem's framework that can be used at any USAF medical facility. While modifications may be necessary depending upon the size and mission of the facility, these will not change the underlying program structure.

FRAMEWORK

In order to successfully meet the needs of nursing personnel, as discussed in chapter two, it is helpful to organize an orientation program using a conceptual framework. Orem's self-care deficit theory, as previously described, will be utilized to develop a model USAF orientation program.

As presented in chapter two, Orem's theory consists of four concepts: self-care, self-care demand, therapeutic self-care demand, and nursing agency. The application of these concepts to staff development is restated here for the reader's convenience. Self-care refers to the knowledge and skills the nurse demonstrates to achieve job satisfaction and maintain employment, while self-care agency refers to the nurse's abilities. The therapeutic self-care demands are the demands for nursing action that are determined by the job description and patient need; the knowledge and skills required for employment. Lastly, nursing agency is viewed as the staff development educator's ability to assist the nurse in acquiring the knowledge and skills required for employment (Romine, 1986).

Within this framework, learning needs are identified as the knowledge and skills the nurse does not possess, but are demanded by the job. The role of

the staff development educator is to focus on these learning needs and assist the nurse in gaining the required knowledge and skills. The assessment and identification of learning needs can be accomplished by using skills checklists, direct observation, and performance appraisal (Romine, 1986).

It is important to realize that the nurse is responsible for "increasing knowledge and skills required by employment to the level that ability meets demands" (Romine, 1986, p. 77). The nurse should identify personal learning needs while the staff development educator assists the nurse in meeting identified needs.

Following the identification of learning needs, the staff development educator develops a plan to assist in the acquisition of the needed knowledge and skills. Within Orem's theory this can be one of three types: wholly compensatory, partially compensatory, or supportive-educative. It is extremely difficult to apply the wholly compensatory system to a learning situation because learning requires the participant to be actively involved; wholly compensatory refers to the nurse as not performing any action. However, an example of this is if a nurse refuses to acknowledge that a learning deficit exists. In this case, the staff

development educator should help the nurse recognize the learning deficit. After this has been accomplished, the system is no longer considered wholly compensatory (Romine, 1986).

The partially compensatory system requires active participation by the nurse and the staff development educator. Classroom lecture/discussion and assignment on a nursing unit with a preceptor are examples of this system (Romine, 1986).

Finally, the staff development educator facilitates learning in the supportive-educative system. This is achieved by providing the proper learning environment and activities to assist the nurse in increasing knowledge and skills (Romine, 1986).

Application of Orem's theory to orientation will result in a program that is based on individual learning needs. This occurs because the individual's learning needs are determined by comparing personal ability with requirements in the clinical area. Other advantages of utilizing this framework include cost effectiveness, use of adult learning principles, and support of competency-based education (Romine, 1986).

ORIENTATION PROGRAM

A successful orientation program has the following characteristics:

-cost effectiveness,

-flexibility,

-use of adult learning theory

-motivation of personnel,

-use of needs assessment,

-use of evaluation techniques,

-individualization,

-use of learning theory, and

-use of varied teaching strategies.

Additionally, the JCAH standards pertinent to staff development must be reflected in a program.

In this writer's opinion, based on the literature review and the needs of the USAF, a competency-based orientation program utilizing a skills checklist to identify learning needs is the most appropriate type of program for use in USAF medical facilities. However, it is recognized that some aspects of the traditional program may also be necessary to enhance cost effectiveness and efficiency, particularly at a large facility.

Competency-based orientation "allows individual learning needs to be met without sacrificing achievement of consistent standards" (del Bueno et al., 1981, p. 29). It provides the learner with an individualized, flexible learning environment by assessing previous learning. Therefore, the adult learner, being problem-oriented, is motivated to learn things that help to meet needs and solve problems (Farmer, 1986).

There are several other advantages to compentency-based orientation. First, it assesses a learner's style of learning and allows for diverse learning styles. Secondly, the emphasis is on achieving specific expectations; it is outcome oriented. The expectations are delineated as compentencies, and can be observed and documented when accomplished (Farmer, 1986). Thus, the hospital's liability can be reduced because the nurses's competencies are not only assessed but also are validated and documented (Farmer, p. 128).

Thirdly, the time allowed to achieve expectations is flexible. Learners have varied past experiences and different learning speeds. Therefore, the length of the orientation will vary for each individual. Lastly, the staff development educator functions as a coordinator and facilitator. The educator is a resource person

rather than a teacher because the learner is responsible and accountable for meeting outcomes (Farmer, 1986).

In order to be successful, competency-based orientation must be supported by both staff development and nursing administration. Initially an investment of time may be required to develop or possibly change the attitudes of both groups. However, the reward should be an efficient, effective and satisfying orientation program for nursing personnel that is pragmatic and cost effective (Farmer, 1986). Additionally, with the emphasis on clinical performance, accountability is provided by focusing on the issues of quality patient care, role clarification and new employee learning (Hagerty, 1986).

SUMMARY

Providing an orientation program that meets individual needs, accreditation and agency requirements is not a difficult task. Orem's self-care deficit theory within a competency-based education program offers a model conceptual framework with the potential for a highly successful orientation program. The use of a competency-based program enables the nurse to focus on identified learning needs which should enhance learning and make orientation a meaningful experience.

In the final chapter, implications for nursing practice will be discussed. Additionally, the research in this field will be critiqued.

CHAPTER 4

Rapid turnover of nursing personnel and the current nursing shortage are the biggest problems being faced by health care agencies today. An effective and satisfying orientation program is viewed as one way hospitals have to confront these problems. An employee that is motivated and happy with the work environment, a result of a good orientation program, is more likely to remain employed within the agency. This chapter will discuss the implications of competency-based orientation for staff development educators and critique the body of literature in this area.

IMPLICATIONS

There are many implications for nursing when considering the orientation of new personnel. Moreover, because nursing service is usually the largest department within a hospital, the orientation of its personnel is of critical importance and a concern of both nursing and hospital administrators. Hospital administrators consider nurses as their major public relations tool (Jones, 1984). Therefore, administrators value an orientation program that motivates new nurses to provide quality patient care, to identify with

agency mission and goals, and increases satisfaction in the integration of personal and organizational goals.

This discussion will be divided into two sections. First, the implications for the staff development educator related to adult learning principles will be examined. Then implications for orientation, in general, will be discussed.

Adult Learning

In order for an orientation program to be successful, adult learning principles must be valued and employed by the staff development educator. Throughout the literature, the consideration of the learner as an adult who has specific needs is of vital importance (Bastien, Glennon, & Stein, 1986; Johnson, 1986; Rufo, 1981). In addition, several authors have credited the success of their programs on the use of adult learning principles (Davis, 1987; del Bueno et al., 1981; Hagerty, 1986; Lingemann & Mazza, 1986; O'Neal, 1986; Tynan & Witherell, 1984).

When a new nurse is hired, a sense of self-efficacy with regards to the knowledge and skills is possessed. The new nurse is able to identify the knowledge and skills needed to feel competent and confident. Therefore, it is essential that the nurse is allowed to identify personal learning needs and assist in planning

learning activities to meet those needs; this input is invaluable to the staff development educator (Schempp & Rompre, 1986). In this way, self-directed learning is encouraged and the learning environment is open, safe and non-threatening. Additionally, by determining what the learner needs to know, the staff development educator can focus learning experiences on the learner's specific problem.

Adults that have a positive self-concept and a high self-esteem will be more responsive to learning (Ammon-Gaberson, 1987; Bille, 1982; Tobin et al., 1979). Therefore, the staff development educator should always respect this and employ learning experiences that encourage high self-esteem and sense of self-efficacy in the learner.

Adult learners desire immediate application of problem-centered learning. The sooner the material can be applied to practice problems or demands the greater the stimulus is to learn. Therefore, an orientation program that facilitates new nurses' recognition of the relevance of the material presented and that enables the application of the information to the clinical setting immediately fosters learning.

Additionally, adults are a product of their past experiences and, therefore, possess a valuable resource

for addressing new problems (Knowles, 1978). Learning is optimized when past experiences are incorporated and used in the learning environment. Hence, when teaching adults the similarities between the familiar and the new should be identified so that adult learners can "identify hooks upon which to hang new concepts, information and skills" (O'Connor, 1986, p. 33). The staff development educator should point out the "known" in the new to enhance and promote learning.

Finally, adults are motivated to learn to solve their problems. Therefore, an orientation program that identifies a specific problem and focuses on it will enhance learning better than a generalized approach (O'Connor, 1986; Puetz, 1987). For example, the nurse having difficulty calculating drug dosages will learn more if given a learning experience that focuses on calculating dosages rather than an overview of medications.

Orientation

The critical importance of successful orientation of new personnel is cited frequently in the literature (Flewellyn & Gosnell, 1987; Huntsman, 1987; Jones, (1984). It is essential for staff development educators to prepare skilled, knowledgeable employees through the implementation of an effective orientation program. The

benefits for nursing adminsitration include: a satisfied and motivated employee, lower turnover, quality patient care, cost effectiveness, and content administrators.

There are several implications that relate specifically to the staff development educators role when utilizing a competency-based approach to orientation. First, before the program can be implemented a list of skills or competencies must be identified and developed in order to determine performance outcomes. The staff development educator should collaborate with nurse clinicians to develop these competencies. These competencies should relate to the specific knowledge and skills required of each nursing unit.

Secondly, the staff development educator must educate the nursing staff about the program and how it will work. Additionally, new personnel will need to be inserviced about the program and its relationship to the institution and nursing administration when they are hired. By educating all the staff and administrative personnel involved in the program, the likelihood of acceptance and success will be greater.

Thirdly, classroom orientation and self-learning packages may be required. If this is the case, then the

staff development educator must develop them in collaboration with unit nursing staff.

Fourthly, the staff development educator must validate previous learning, as well as new learning with each new nursing employee. In this way, the orientation program will meet the needs of each orientee because it will be individualized. The assessment of learning must be well documented and maintained in the employee's record for both administrative as well as potential legal concerns.

Fifthly, the staff development educator must facilitate the nurses' identification of personal learning needs while the staff nurse assumes the accountability and responsibility for the learning. The staff development educator may need to assist the nurse in identifying learning needs and then develop an individualized staff development program.

Lastly, because the staff development educator now functions as a resource person and facilitator there is more time for other endeavors. The staff development educator can develop other programs for nursing personnel. Additionally, there will be more time to devote to each new nurse during the orientation period.

CRITIQUE OF LITERATURE

The critical importance of orienting new personnel is well documented in theory based literature. As cited previously, benefits have been identified for the individual nurse, the agency, and quality patient care (del Bueno et al., 1981; Flewellyn & Gosnell, 1987; Paulk et al., 1985; Tynan & Witherell, 1984).

However, when reviewing the research done in this area there is a lack of empirical data to demonstrate the value of competency-based orientation (Schempp & Rompre, 1986). Many authors cite the benefits of competency-based orientation based on subjective data, i.e., observation and experience (del Bueno et al., 1981; Farmer, 1986; Hagerty, 1986; O'Neal, 1986). There have been few studies done to investigate the actual benefits of competency-based orientation.

One study conducted by Flewellyn and Gosnell (1987) compared a traditional orientation program to a competency-based program by doing a cost analysis in four areas: orientee costs, instructor costs, the cost of the orientation session, and program development costs. The sample size included six general hospitals; three of the hospitals used traditional programs while the other three offered competency-based orientation. Based on their findings, which were limited due to the

sample size and the lack of research available on the costs of the sessions and program development, competency-based orientation was found to be more costly. However, it did serve the learning needs of the nurse and the administrative needs (shorter orientation periods, less instructor and materials costs) of the agency much better than a traditional orientation program.

The major weakness in this study was the lack of evidence for long term costs and benefits. Based on the literature available, these are usually presumed. Further research in long term effectiveness and cost benefit would be useful in determining the right type of orientation program to fit within the budget of the staff development department.

Given the dearth of research in efficacy and cost effectiveness of orientation programs, empirical studies in these areas will be essential for staff development educators to justify to administration their existence in a cost containment environment. Research should focus on documenting the content, process, and outcomes of competency-based orientation (Schempp & Rompre, 1986). Additionally, staff development educators must have the ability to identify and measure the results of their own orientation programs, i.e., at six months

evaluate employee performance, to determine whether the program is worth the cost (Flewellyn & Gosnell, 1987).

CONCLUSION

Providing an orientation program that meets individual needs, as well as agency and accreditation requirements is a complex activity. However, the use of the framework presented enables the staff development educator, in both military and civilian settings, to address the myriad demands. Utilization of adult learning principles, motivation theory, needs assessment, and evaluation throughout all facets of the program will ensure that institutional, individual, and client needs are being met. Moreover, with effective staff development management the nurse can quickly become a productive member of the health care team.

In sum, the success of an orientation program is measured by new employee retention, job satisfaction, and productivity. Ultimately, however, it is measured by the quality of care delivered. In the opinion of this writer, the staff development educator providing competency-based orientation is offering the best program to meet the professional needs of new nurses, the cost effective and efficient needs of the employing agency and, most significantly, the complex health care needs of the client.

REFERENCES

The American Heritage Dictionary. (1981). Boston: Houghton Mifflin.

American Nurses' Association. (1983). Facts about nursing 82-83. Kansas City, MO: Author.

American Nurses' Association. (1984). Standards for continuing education in nursing. Kansas City, MO: Author.

American Nurses' Association Ad Hoc Committee for Inservice Education/Staff Development. (1978). Guidelines for staff development. Kansas City, MO: Author.

Ammon-Gaberson, K.B. (1987). Adult learning principles. AORN Journal, 45, 961-963.

Atkinson, J.H. (1958). Motives in fantasy, action, and society. New York: Von Nostrand.

Austin, E.K. (1981). Guidelines for the development of continuing education offerings for nurses. New York: Appleton-Century-Crofts.

Bastien, S., Glennon, P., & Stein, A. (1986). Orientation: Toward a nurse's "personal best". Nursing Management, 17(10), 64-65.

Bell, E.A. (1986). Needs assessment in continuing education: Designing a system that works. The Journal of Continuing Education in Nursing, 17, 112-114.

Benner, P., & Benner, R. (1979). The nurse's work entry: A troubled sponsorship. New York: Tiresias Press.

Bille, D.A. (1978). Planning staff development: Theory X or theory Y. The Journal of Continuing Education in Nursing, 9(6), 10-15.

Bille, D.A. (1979). Successful educational programming: Increasing learner motivation through involvement. Journal of Nursing Administration, 9(5), 36-42.

Bille, D.A. (1982). Staff development: A systems approach. Thorofare, NJ: Slack.

Burk, B., Gillman, D., & Ose, P. (1984a). Nursing orientation. The Journal of Continuing Education in Nursing, 15, 199-204.

Burk, B., Gillman, D., & Ose, P. (1984b). Brain research for the educator. The Journal of Continuing Education in Nursing, 15, 195-198.

Caley, J.M., Dirksen, M., Engalla, M., & Hennrich, M.L. (1980). The Orem self-care nursing model. In J.P. Riehl & C. Roy (Eds.), Conceptual models for nursing practice. Norwalk, CT: Appleton-Century-Crofts.

Coleman, L.J. (1980). Orem's self-care concept of nursing. In J.P. Riehl & C. Roy (Eds.), Conceptual models in nursing practice. Norwalk, CT: Appleton-Century-Crofts.

Conley, V. (1973). Curriculum and instruction in nursing. Boston: Little, Brown.

Coon, D. (1977). Introduction to psychology. New York: West.

Cooper, S.S. (1980). Self-directed learning in nursing. Wakefield, MA: Nursing Resources.

Davis, J.L. (1987). Orientation made easy. AORN Journal, 45, 951, 954-955, 957, 959.

del Bueno, D.J. (1977). Performance evaluation: When all is said and done, more is said than done. Journal of Nursing Administration, 7(10), 21-23.

del Bueno, D.J., Barker, F., & Christmyer, C. (1981). Implementing a competency-based orientation program. The Journal of Nursing Administration, 11(2), 24-29.

Dolphin, P., & Holtzclaw, B.J. (1983). Continuing education in nursing. Reston, VA: Reston.

Farmer, M.L. (1986). Competency-based orientation proved effective. Journal of Nursing Staff Development, 2, 126-128.

Flewellyn, B.J., & Gosnell, D.J. (1987). Comparing two methods of hospital orientation for cost effectiveness. Journal of Nursing Staff Development, 3, 3-8.

Freud, S. (1938). Basic writings of Sigmund Freud. New York: Random House.

Hagerty, B.K. (1986). A competency-based orientation program for psychiatric nursing. The Journal of Continuing Education in Nursing, 16, 157-162.

Hammond, D.R. (1986). Skillful evaluation can bring effective staff performance. Provider, 12(5), 45.

Hefferin, E.A. (1987). Trends in the evaluation of nursing inservice education programs. Journal of Nursing Staff Development, 3, 28-40.

Herrmann, N. (1981). The creative brain. Training & Development Journal, 7(10), 11-16.

Herrmann, N. (1982). The creative brain II. A revisit with Ned Herrmann. Training & Development Journal, 7(12), 74-88.

Houle, C.O. (1961). The inquiring mind. Madison: University of Wisconsin.

Huang, S.H., & Schoenknecht, H.D. (1984). Contracts individualize orientation. Nursing Management. 15(9), 53-57.

Huckabay, L.M.D. (1980). Conditions of learning and instruction in nursing. St. Louis: C.V. Mosby.

Hunt, J.M. (1965). Intrinsic motivation and its role in psychological development. In D. Levine (Ed.), Nebraska symposium on motivation. Lincoln: University of Nebraska.

Hunstman, A.J. (1987). A model for employee development. Nursing Management, 18(2), 51-54.

Johnson, S. (1986). Bridging the gap: A new graduate nurse program that works. Journal of Nursing Staff Development, 2, 166-168.

Joint Commission of Accreditation of Hospitals. (1986). Accreditation manual for hospitals. Chicago: Author.

Jones, F. (1984). RN orientation: A critical first step. Dimensions, 61(8), 12-13.

Kibbee, P. (1980). Developing a model for implementation of an evaluation component in an orientation program. The Journal of Continuing Education in Nursing, 11(5), 25-29.

Knowles, M.S. (1970). The modern practice of adult education. New York: Association Press.

Knowles, M.S. (1978). The adult learner: A neglected species (2nd ed.). Houston: Gulf.

Knowles, M.S. (1980). The modern practice of adult education (revised ed.). New York: Association Press.

Krathwohl, D.R., Bloom, B., & Masia, B. (1964). Taxonomy of educational objectives. Handbook II. New York: McKay.

Leddy, S., & Pepper, J.M. (1985). Conceptual basis of professional nursing. Philadelphia: J.B. Lippincott.

Lingemann, B., & Mazza, L. (1986). Self-directed learning for staff development. The Journal of Continuing Education in Nursing, 17, 100.

Lunde, K.F., & Durbin-Lafferty, E. (1986). Evaluating clinical competency in nursing. Nursing Management, 17(8), 47-48, 50.

Mager, R.F., & Pipe, P. (1970). Analyzing performance problems or "you really oughta wanna". Belmont, CA: Fearon.

Maslow, A.H. (1955). Deficiency motivation and growth motivation. In D. Levine (Ed.), Nebraska Symposium on motivation (pp1-30). Lincoln: University of Nebraska.

Matheny, R.V., Nolan, B.T., Hogan, A.E., & Griffin, G.J. (1972). Fundamental patient-centered nursing. St. Louis: C.V. Mosby.

McCluskey, H.Y. (1970). An approach to a differential psychology of the adult potential. In S.M. Grabowski (Ed.), Adult Learning and Instruction. Syracuse: ERIC Clearinghouse on Adult Education.

McGregor, D. (1960). The human side of enterprise. New York: McGraw-Hill.

McLagan, P.A. (1978). Helping others learn: Designing programs for adults. Massachusetts: Addison-Wesley.

McLoughlin, D. (1971). Participation of the adult learner in program planning. Adult Education, 22(3), 30.

Mitchell, P.H., & Loustau, A. (1981). Concepts basic to nursing. New York: McGraw-Hill.

Morrow, K.L. (1984). Preceptorships in nursing staff development. Rockville, MD: Aspen.

Munro, B. (1983). Young graduate nurses: Who they are and what do they want? Journal of Nursing Administration, 13(6), 21-26.

O'Connor, A.B. (1986). Nursing staff development and continuing education. Boston: Little, Brown.

O'Neal, E.A. (1986). An orientation program designed for nurses in an ambulatory care setting. The Journal of Continuing Education in Nursing, 17, 32-36.

Paulk, L.H., Hill, K.M., & Robinson, S. (1985). Determining the quality of RN orientation programs. The Journal of Continuing Education in Nursing, 16, 167-172.

Pennington, F.C. (1980). Needs assessment: Concepts, models & characteristics. New Directions for Continuing Education, 7, 2.

Pohutsky, L. (1979). An orientation plan for nurses. Supervisor Nurse, 10, 23-26.

Puetz, B.E. (1985). Evaluation in nursing staff development. Rockville, MD: Aspen.

Puetz, B.E. (1987). Contemporary strategies for continuing education in nursing. Rockville, MD: Aspen.

Puetz, B.E., & Peters, F.L. (1981). Continuing education for nurses. Rockville, MD: Aspen.

Rogers, C.R. (1951). Client-centered therapy. Boston: Houghton-Mifflin.

Romine, S. (1986). Applying Orem's theory of self-care to staff development. Journal of Nursing Staff Development, 2, 77-78.

Rottet, S.M., & Cervero, R.M. (1986). Clinical evaluation of a nursing orientation program. Journal of Nursing Staff Development, 2, 110-114.

Rufo, K.L. (1985). Effectiveness of self-instructional packages in staff development activities. The Journal of Continuing Education in Nursing, 16, 80-84.

Schempp, C.M., & Rompre, R.M. (1986). Transition programs for new graduates. Journal of Nursing Staff Development, 2, 150-156.

Schroeder, D., Carter, M., & Kurth, S. (1981). Learning needs of the new graduate entering hospital nursing. Nurse Educator, 6(6), 10-15.

Sohn, K.S. (1987). Program evaluation in nursing. Nurse Educator, 12(2), 27-34.

Spicer, J. (1979). Pitfalls in developing nurse internship programs. Nursing Administration Quarterly, 3(3), 69-73.

Tiessen, J.B. (1987). Comprehensive staff development evaluation. Journal of Nursing Staff Development, 3, 9-14.

Tobin, H.M., Wise, P.S., & Hull, P.K. (1979). The process of staff development (2nd ed.). St. Louis: C.V. Mosby.

Tynan, C., & Witherell, J. (1984). Good orientation cuts turnover. Geriatric Nursing, 5, 173-175.